

**TEXAS MEDICAID ESTATE RECOVERY PROGRAM (MERP)
AUTHORIZATION AND MERP CERTIFICATION**

FROM: Name: _____
Company/Firm: _____
Address: _____
Phone Number: _____ **Fax Number:** _____

RE: Deceased Owner's Name: _____ **Date of Death:** _____
Deceased Owner's Medicaid ID and/or Social Security Number: _____
Complete Property Address: _____

**SECTION 1:
Authorization to Obtain MERP Claim Information
(To be Completed by Heirs/Beneficiaries or Estate Representative)**

The undersigned heir/beneficiaries or Estate Representative of the Deceased Owner are unable to certify that the estate of the Deceased Owner is exempt or is not subject to a MERP claim, and hereby authorizes MERP to complete Section 2 of this form below and provide same or any other information related to a MERP claim against Deceased Owner to the requestor above.

By: _____ **By:** _____
(Signature) (Signature)

Printed Name: _____ **Printed Name:** _____

**SECTION 2
CERTIFICATION BY MERP
(To be Completed by MERP)**

<input type="checkbox"/>	initial	Based on the Social Security Number provided, there is no pending MERP Claim against the Deceased Owner's estate and the State of Texas does not intend to file a MERP Claim against the Deceased Owner's estate.
<input type="checkbox"/>	initial	There is a MERP Claim filed against the Deceased Owner's estate in amount of \$_____, as evidenced by the attached document.
<input type="checkbox"/>	initial	MERP intends to file a MERP claim against the Deceased Owner's estate in the amount of \$_____.

This is not a dismissal of any other claim the State may have against this estate. Estate representatives of deceased Medicaid recipients whose estates may include assets such as, but not limited to, qualified income trusts, other trusts, annuities, torts, or private insurance policies, should also check with the DADS' Third Party Recovery unit by calling: (512) 438-2200, #4 to determine if the Department of Aging and Disability Services may have other claims on this estate.

TEXAS MERP REPRESENTATIVE

_____ Signature	_____ Date
_____ Printed Name	_____ Title

FAX OR MAIL COMPLETED FORM TO:

HMS – The Texas Medicaid Estate Recovery Contractor
5615 High Point Drive, Suite 100
Irving, Texas 75038
Phone: 1-800-641-9356 Fax: 214-560-3918